CONTRACT DECLARATIONS & EXECUTION

Title of Contract:	RFP Number:	Contract Number:
Community Services Block Grant Contract		CSBG-15-

This Contract is	entered into by	the following partie	es:					
Agency of State (hereafter "Agency"):		Contractor (hereafter "Contractor"):						
Iowa Department of Human Rights Division of Community Action Agencies								
Agency Principal Address (Notice Address):		Contractor Principal Address (Notice Address):						
Lucas State Office Building – 2nd Floor 321 East 12th Street Des Moines, Iowa 50319-0090								
		CFDA Number:			93.569			
			Vendor/Tax ID Number:					
			Organized Under the Laws of:		the Laws of:	State of Iowa		
Contract Information:	Start Date:	End Date:	No. of Yearly Extensions	Billing Frequency:				
Period	Oct. 1, 2014	Dec. 31, 2015		□ \	Weekly ⊠Month	ly □Quar	terly □Other	
Maximum Value	e of Contract ar	nd Extensions:	\$	\$				
Amount of Insurance Coverage(s) Required:		\$						
Federal Funds	Involved?:	Yes			☐State Agenci ☐Political Subd			
Special Contra	ct Attachments	:	Attachment A – Project Budget					
The Contractor agrees to perform all services ("Services") as provided in the Contractor's approved CSBG Community Action Plan and Application ("Application"). This Contract consists of the above information, the attached Special Terms and Conditions, General Terms, and all Special Contract Attachments (hereafter "Contract"). To the extent of any inconsistency between the Special Terms and Conditions or the General Terms, and any specifications or other conditions which are made a part of this Contract, by reference or otherwise, the Special Terms and Conditions and the General Terms shall control. To the extent of any inconsistency between the Special Terms and Conditions and the General Terms, the Special Terms and Conditions shall control. In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the								
receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.								
CONTRACT SIGNATURES:			Contractor, by:					
			Signature:					
			Printed Name:			T		
			Title: □Executive Director □City Manager			Date:		
Agency, by:		Contractor, by:						
Signature:			Signature:					
Printed Name: William Brand			Printed Name:					
Title: Administra	ator	Date:	Title: □Board F	Board President/Chair □Mayor Date:				